

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19905

State File No. ....

FILED JUN 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) ...a. STATE <b>Missouri</b> b. COUNTY <b>Christian</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Lincoln</b>		c. CITY OR TOWN <b>RFD, Clever</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>26 Yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>"Rural" Lincoln</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>1 mile East of Clever on Missouri Highway #14</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ALBERTA</b>	b. (Middle) <b>CLARA</b>	c. (Last) <b>ARNDT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 27, 1911</b>	9. AGE (In years last birthday) <b>44</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <b>Housewife &amp; Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Garment Factory</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stone County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Tiede</b>	13b. MOTHER'S MAIDEN NAME <b>Anna</b>	14. NAME OF HUSBAND/ OR WIFE <b>Albert O. Arndt</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>571 14 1423</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Albert O. Arndt, RFD, Clever, Mo.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull &amp; Crushed Chest</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Automobile &amp; Train Collision</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>8104</b>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <b>27</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hi. #14</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>Lincoln Twp. Christian Missouri</b> (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6-6-'56 7:25a. m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Car driven by deceased ran into train at crossing</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:25a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Harris</b> (Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Christian Co., Missouri</b>	23c. DATE SIGNED <b>6-8-1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-10-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Smart Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Billings, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>June 20, 1956</b>	REGISTRAR'S SIGNATURE <b>Oliver Hutter</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Harris</b>	ADDRESS <b>Clever, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John Harris* .....

Licensed Embalmer No. *439*

P. O. Address *Cleveland, Ohio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.